

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025872

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318
FILED JUN 21 1963

Primary Registration District No. 1003

Registrar's No. 6256

STATE FILE NUMBER

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3963 Forest Park Blvd. | | d. STREET ADDRESS (If outside, give location) 3963 Forest Park Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last William Frankenstein | | 4. DATE OF DEATH Month Day Year June 5 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 6/21/1903 |
| 9. AGE (last birthday) 59 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman | | 10b. KIND OF BUSINESS OR INDUSTRY Salvation Army | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME Charles Frankenstein | |
| 13b. MOTHER'S MAIDEN NAME Anna Mueller | | 14. NAME OF HUSBAND OR WIFE Myrtle | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mrs. Cecilia Powers, 2232 Alberta St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arterio Sclerosis DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 2:55 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) R. Hoffmeister | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 6-13-63 | | 23. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Mo. | | 24. FUNERAL DIRECTOR G. Hoffmeister Mortuaries 7814 S. Broadway | |
| 25. DATE RECD. BY LOCAL REG. JUN 13 1963 | | 26. REGISTRAR'S SIGNATURE R. Hoffmeister | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed John L. Denney
 Licensed Embalmer No. 41948
 P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.